(c) whether it is a fact that minimum 10 to 15 years time would be required for providing such facilities to the commuters; and

(d) if so, the reason therefor?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI R. VELU): (a) No, Sir.

(b) to (d) Do not arise.

Fund for Bolangir-Khurda rail line

566. SHRI SURENDRALATH: Will the Minister of RAILWAYS be pleased to state:

(a) how much funds have been allocated, so far, to Bolangir-Khurda *via* Sonepur, Boudh, Nayagarli railway line project in Orissa;

(b) how much funds have, so far, been utilized;

(c) the reason for the delay; and

(d) the fixed target for completion of the above project?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI R. VELU): (a) and (b) An expenditure of Rs. 45.22 crore has been incurred till 31.03.2006. During 2006-07 an outlay of Rs. 23 crore has been provided. An outlay of Rs. 20 crore has been proposed in the Budget 2007-08.

(c) The project is being progressed as per the availability of resources.

(d) No target date of completion has yet been fixed.

Guidelines on early detection of sickness in SSI

567. SHRI C RAMACHANDRAIAH: Will the Minister SMALL SCALE INDUSTRIES be pleased to state:

(a) whether it is a fact that RBI has issued comprehensive guidelines in 2002 for detection of sickness in SSI's units so, identified for viability;

(b) whether it is also a fact that a fresh set of guidelines had also been issued again by the RBI in September, 2005 for revival of SSI's in the country;

(c) if so, what is the difference between 2002 and 2005 guidelines; and

(d) what steps Government are taken in this regard?

THE MINISTER OF SMALL SCALE INDUSTRIES (SHRI MAHAVIR PRASAD): (a) and (b) Yes, Sir.

(c) and (d) The RBI guidelines of 2002 on rehabilitation of sick small scale industries (SSIs) include, inter alia, a ctiange in the definition of sick SSI units, norms for deciding on the viability of sick units and concessional finance. The RBI guidelines of 2005 are on debt restructuring mechanism for small and medium enterprises (SMEs) and include viability criteria, prudential norms for restructured accounts, provision of additional finance and time frame for working out the restructuring package and its implementation. Further, Empowered Committees have been set up at the regional offices of Reserve Bank of India (RBI) to review the progress in rehabilitation of sick units in the SME sector.

Under achievement of NRHM

568. SHRI B.K. HARIPRASAD: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a mid-term appraisal of the Tenth Five Year Plan raises concern about the under-achievement in 18 socio-demographically weaker States in regard to National rural Health Mission;

(b) whether targets in terms of health care indicators have been fixed for these States for the period 2005—12 under the NRHM project; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) The mid term appraisal of the tenth Plan suggested implementation of the National Rural Health Mission for providing affordable and equitable primary health services in the country. NRHM was launched all over the country only on 12th April, 2005 with special focus on 18 states which includes eight Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan), eight NE States, Himachal Pradesh and Jammu & Kashmir.